

**FACILITY EVALUATION REPORT**

<b>FACILITY NAME:</b>	CHILEDA INSTITUTE	<b>FACILITY NUMBER:</b>	602300029
<b>ADMINISTRATOR:</b>	LENTZ, KIRBY DR.	<b>FACILITY TYPE:</b>	731
<b>ADDRESS:</b>	1825 VICTORY STREET	<b>TELEPHONE:</b>	(608) 782-6480
<b>CITY:</b>	LA CROSSE	<b>STATE:</b>	WI
<b>CAPACITY:</b>	42	<b>ZIP CODE:</b>	54601
<b>TYPE OF VISIT:</b>	Case Management	<b>CENSUS:</b>	ANNOUNCED
<b>MET WITH:</b>	Dr. Kirby Lentz, Executive Director	<b>DATE:</b>	05/21/2009
		<b>TIME BEGAN:</b>	09:30 AM
		<b>TIME COMPLETED:</b>	01:30 PM

**NARRATIVE**

1 PURPOSE OF VISIT:  
2  
3 Chileda Institute is seeking re-certification with the State of California, Department of Social Services,  
4 Community Care Licensing Division, Out-of-State Certification Unit. The purpose of this visit is to verify the  
5 facility is in compliance with California Group Home Licensing Standards in order to become re-certified.  
6  
7 CALIFORNIA PLACING AGENCIES:  
8  
9 During the time of visit, there were two California County placing agencies under contract to serve California  
10 youth. Those counties are as follows; Orange and San Bernardino counties. The total census of California  
11 youth in placement was three (3) at the time of this visit.  
12  
13 FACILITY, PHYSICAL PLANT AND PROGRAM REVIEW CHANGES:  
14  
15 Chileda has a licensing capacity of 44. Census at the time of this re-certification visit was 40. A tour of the  
16 facility campus including school, medical offices and living units was conducted during this review. All  
17 furniture, equipment and supplies appeared to adequate and in good repair. The program has not had any  
18 other significant facility or programmatic changes since last year.  
19  
20 The most recent fire clearance was conducted by the La Crosse Fire Marshall on September 11, 2008. No  
21 deficiencies noted.  
22  
23 (See LIC 809 C continued)  
24  
25

**SUPERVISOR'S NAME:** Mei Yuk Kung**TELEPHONE:** (916) 327-8763**LICENSING EVALUATOR NAME:** Olaniyan Akyeem**TELEPHONE:** (916) 838-5875**LICENSING EVALUATOR SIGNATURE:****DATE:** 05/21/2009

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 05/21/2009

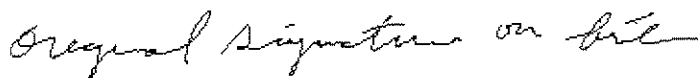
This report must be available at Child Care and Group Home facilities for public review for 3 years.

**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** CHILED A INSTITUTE**FACILITY NUMBER:** 602300029**VISIT DATE:** 05/21/2009**NARRATIVE**1 (LIC 089 C continued)  
23 LOCAL STATE LICENSING / COMPLAINT(S) ISSUES:  
45 On January 15, 2009 the State of Wisconsin Department of Health and Family Services Licensing conducted  
6 an annual facility evaluation for the Chileda campus. The evaluation revealed one area of deficiency under  
7 "reporting requirements". There were no other deficiencies recorded for the visit.  
8 (See LIC 809 C continued)  
910 On May 21, 2009, contact was made to the State of Wisconsin representative who reported that Chileda is  
11 currently operating in substantial compliance under full licensing status. There were no substantiated  
12 allegations within the last year.  
1314 CLIENT(S) AND PERSONAL RIGHTS REVIEW:  
1516 Student interviews revealed no issues related to personal rights.  
1718 SCOPE OF CERTIFICATION REVIEW:  
1920 Certification review covered the following areas: Programming; intake and discharge procedures; discipline  
21 policy; emergency intervention techniques; medical procedures; facility file review; staff interviews;  
22 observation of program and daily activities; criminal record review; personal rights; food services; staff  
23 trainings; emergency disaster plan; fire clearance; and all issues pertaining to physical plant.  
2425 OUT-OF-STATE CERTIFICATION FINDINGS, VIOLATIONS AND PLAN OF CORRECTIONS:  
2627 Facility appears to be operating in substantial compliance with California licensing standards at this time. No  
28 issue of concern noted.  
2930 CERTIFICATION DECISION:  
31

32 Re-certification recommended

**SUPERVISOR'S NAME:** Mei Yuk Kung**TELEPHONE:** (916) 327-8763**LICENSING EVALUATOR NAME:** Olaniyan Akyeem**TELEPHONE:** (916) 838-5875**LICENSING EVALUATOR SIGNATURE:****DATE:** 05/21/2009

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CDSS

JOHN A. WAGNER  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



ARNOLD SCHWARZENEGGER  
GOVERNOR

June 25, 2009

Mr. Kirby Lentz, Executive Director  
Chileda Institute  
1825 Victory Street  
La Crosse, Wisconsin 54601

SUBJECT: ANNUAL CERTIFICATION RENEWAL

Dear Mr. Lentz:

Pursuant to California Family Code, Section 7911 et al., this is official notification that Chileda Institute certification by the California Department of Social Services is continued through June 2010.

Certification will be reviewed annually. The Out-of-State Certification Unit (OSCU) will be honoring the Department's policy of having inspection authority to make visits with or without appointment.

If you have any questions regarding this matter, please feel free to contact me, Olaniyan Akyeem at (916) 838-5875

Sincerely,

OLANIYAN AKYEEM  
Out-of-State Certification Analyst

c: Rosalind Hyde, Manager and Deputy Compact Administrator, Out-of-State Placement Policy Unit